

ANNUAL STUDENT ENROLLMENT FORM

School Year 2015-2016

(Print all information)

STUDENT INFORMATION									
Last Name			First Name			Middle Name		DCPS Student ID#	
Ethnic Designation: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		Race (choose one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American				Date of Birth (mm/dd/yyyy) / /			
		Country of Birth (if other than US)				Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond			
Address					Apt. No.	Home Number ()			
City			State	ZIP		Does your child have a current IEP for Special Education services or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grade Level next school year (15-16). Please circle one. <div style="display: flex; justify-content: space-around;"> PK3 PK4 1 2 3 4 5 6 7 8 9 10 11 12 </div>					Current School (2014-2015): _____ City _____ State _____ Dates Attended (Mo/Yr): From: ____ / ____ / ____ To: ____ / ____ / ____ Student will be attending a different school next school year (2015-2016) <input type="checkbox"/> Yes <input type="checkbox"/> No If box is checked yes, please fill in blanks below. School Name (next school year 2015-2016): _____				
PARENT/GUARDIAN INFORMATION									
Enrolling Parent/Guardian			Relationship		Other Parent/Guardian			Relationship	
Address			Apt. No.		Address			Apt. No.	
City		State	Zip		City		State	Zip	
Email Address					Email Address				
Primary Number ()			Secondary Number ()		Primary Number ()			Secondary Number ()	
I would like to receive emails at this email address : <input type="checkbox"/> Enrolling parent/guardian <input type="checkbox"/> Other parent/guardian <input type="checkbox"/> Neither I would like to receive text messages this number: <input type="checkbox"/> Enrolling parent/guardian <input type="checkbox"/> Other parent/guardian <input type="checkbox"/> Neither									
EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)									
Name				Relationship		Contact Number ()			
Address			Apt. No.		City		State	Zip	
HOUSING STATUS (CHECK ALL THAT APPLY)									
<input type="checkbox"/> Permanent		<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Doubled Up		<input type="checkbox"/> Awaiting Foster Care			
<input type="checkbox"/> Shelter		<input type="checkbox"/> Unsheltered		<input type="checkbox"/> Foster Care		<input type="checkbox"/> Unaccompanied Youth			
<p><i>DCPS agrees that the data/information provided in the Student Enrollment Form remain confidential and shall only be used for legitimate DCPS business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. Form should not be signed prior to April 1. Information provided on this form should be applied consistently throughout enrollment documentation.</i></p>									
Signature of Enrolling Parent/Guardian					Date				

